



# **PERINATAL SERVICES NETWORK GUIDELINES 2004**

**FOR NON DRUG MEDICAL PERINATAL PROGRAMS**



STATE OF CALIFORNIA  
DEPARTMENT OF  
ALCOHOL AND DRUG PROGRAMS

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# PERINATAL SERVICES NETWORK GUIDELINES

## Introduction

In 1993, the Department of Alcohol and Drug Programs (ADP) combined the perinatal program requirements from the federally funded *Options for Recovery* pilot project, the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant Perinatal Set-Aside, and the State General Fund Perinatal Treatment Expansion Program (PTEP) into the Perinatal Services Network (PSN). This seamless service delivery system, under the standards of the Perinatal Services Guidelines, Fall 1993, ensured that programs provided consistent and quality services and adhered to the federal and state regulations.

In 1995, ADP revised the Perinatal Services Network Guidelines to reflect the need for contractual agreements among the state, counties, and providers. This current version supersedes the Fall 1995 version; however, it contains no substantive changes from the previous version, but was revised in response to technical changes and to be consistent with terminology used throughout ADP.

All PSN programs, regardless of fund source, are required to comply with the PSN Guidelines as specified in Part I, Article I(B)(7) of the Negotiated Net Amount (NNA) contract or NNA and Drug Medi-Cal (D/MC) combined contract between the state and the counties.

The PSN Guidelines are divided into two sections. Part I describes the perinatal program requirements and governing citations from the Code of Federal Regulations (CFR), California Health and Safety Code (HSC), and ADP Policy Letters. Part II lists the continuum of treatment modalities and service options that can be provided with perinatal funding.

**Program requirements specific to Perinatal Drug Medi-Cal (DMC) are contained in the California Code of Regulations (CCR), Title 22, Division 3, Health Care Services.**

## **I. PERINATAL PROGRAM REQUIREMENTS**

### **A. Target Population (45 CFR 96.124 and HSC 10.5, 11757.59(a))**

To be eligible for perinatal funding, a program must serve women who are either:

- pregnant and substance using; or
- parenting and substance using, with a child(ren) ages birth through 17. Parenting also includes a woman who is attempting to regain legal custody of her child(ren).

## **B. Admission Priority (45 CFR 96.131)**

Priority admission for all women in perinatal funded services must be given in the following order:

1. pregnant injection drug users;
2. pregnant substance users;
3. parenting injection drug users; and
4. parenting substance users.

A program's admission criteria must comply with the Americans with Disabilities Act (ADA) of 1990. Specific information regarding the ADA is contained in each county's NNA contract.

## **C. Referral to Other Programs and Interim Services (45 CFR 96.121 and 96.131)**

1. When a program is unable to admit a substance-using pregnant woman because of insufficient capacity or because the program does not provide the necessary services, referral to another program must be made and documented.

Pregnant women must be referred to another program or provided with interim services no later than 48 hours after seeking treatment services. Pregnant women receiving interim services must be placed at the top of the waiting list for program admission.

2. Injection drug-using women must be either:
  - a. admitted to a program no later than 14 days after making the request; or
  - b. admitted to a program within 120 days after making the request, if interim services are provided.
3. To assist programs in making appropriate referrals, each county must make available a current directory of its community resources.
4. Interim services are defined as:
  - HIV and tuberculosis (TB) education and counseling and referrals for testing;<sup>1</sup>
  - referrals for prenatal care;
  - education on the effects of alcohol and drug use on the fetus; and

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<sup>1</sup>Pursuant to the SAPT Block Grant HIV Project Guidelines, a program receiving HIV Set-Aside funds is required to provide these HIV services on-site.

- referrals based on individual assessments that may include, but are not limited to: self-help recovery groups; pre-recovery and treatment support groups; sources for housing, food and legal aid; case management; children's services; medical services; and Temporary Assistance to Needy Families (TANF)/Medi-Cal services.

See Attachment II for a sample interim services checklist.

**D. Women-Specific Treatment and Recovery Services (45 CFR 96.124 and HSC 11757.59(b)(2)(H))**

Programs must provide or arrange for gender-specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, and parenting.

**E. Case Management (45 CFR 96.124 and HSC 11757.59(b)(2)(A))**

Programs must provide or arrange for sufficient case management to ensure that women and their children have access to primary medical care, primary pediatric care, gender-specific substance abuse recovery and treatment, and other needed services.

**F. Transportation (45 CFR 96.124 and HSC 11757.59(b)(2)(I))**

Transportation must be provided or arranged for to and from the recovery and treatment site, and to and from ancillary services<sup>2</sup> for women who do not have their own transportation.

**G. Child Care (45 CFR 96.124 and HSC 11757.59(b)(2)(F))**

Child care must be available for program participants children while the women are participating in on-site treatment program activities and off-site ancillary services. Child care may be provided on-site, either through a licensed program or a licensure-exempt cooperative.<sup>3</sup> Children may also be referred to licensed or licensure-exempt child care facilities off-site,<sup>4</sup> except as noted in (1) below. Activities for children may include efforts to

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<sup>2</sup> Ancillary services include, but are not limited to, off-site child care, primary medical care, primary pediatric care, dental care, social services, community services, and educational and vocational training.

<sup>3</sup> On-site cooperative child care is defined by the following elements:

- the mothers are on-site and the children are under their care and supervision;
- the number of children is limited to 12 or less at any one time; and
- child development staff provide the mothers with parenting skills training, child development education, and supportive role modeling. For more information on cooperative child care, refer to the California Health and Safety Code ' 1598.792(e).

<sup>4</sup> Off-site child care facilities must be either licensed or licensure-exempt since the children are not under the

address their developmental needs, sexual and physical abuse, and neglect issues.

Depending on the age of the child, the following requirements apply:

1. Child care must be on-site for participants children between birth and 36 months while the mothers are participating in the program (unless a waiver is approved by ADP).
2. Child care may be provided on-site or off-site for participants children who are between 37 months and 12 years of age.
3. Child care for children between 13 and 17 years of age, if necessary or appropriate, may be on-site or off-site as long as their inclusion in the program does not negatively impact the younger children.

The Pro-Children Act of 1994 (20 United States Code 6081 et. seq.) prohibits smoking in any indoor facility where services for children are federally funded or where the facility is constructed, operated, or maintained by federal funds.

#### **H. Education Components (HSC 11757.59)**

Programs must provide or arrange for the following services:

- educational/vocational training and life skills resources;
- TB and HIV education and counseling;
- education and information on the effects of alcohol and drug use during pregnancy and breast feeding; and
- parenting skills building and child development information.

#### **I. Primary Medical Care and Pediatric Care (45 CFR 96.126 and HSC 11757.59(b)(1))**

Programs are required to provide or arrange for primary medical care for women in treatment, including referrals for prenatal care. They also must provide or arrange for primary pediatric care, including immunizations, for dependent children.

Programs providing direct primary medical care for women and/or primary pediatric care for

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care and supervision of their mothers. For further information on this requirement, refer to the California Child Day Care Facilities Act, ' 1596.792(k)(1) and (2) of the Health and Safety Code.

dependent children must seek alternative funding for these services before using federal perinatal funds. Medi-Cal, Medicare, and other health insurance must be billed first, and programs using federal perinatal funds must document that alternative funding is not available. Programs may use client fees providing the county approved schedule of fee assessment and collection is applied. **State General Funds cannot be used to provide medical treatment.**

## **J. Administration**

### **1. Reporting Requirements (45 CFR 96.122(f))**

Once admitted into a perinatal program, a woman's participation must be documented on the California Alcohol and Drug Data System (CADDs) Participant Record or a substitute form approved by ADP. Contact ADPs Data Management Section for instructions on completing these forms.

### **2. Fund Source Requirements**

- a. Counties must implement procedures to ensure the requirements of the SAPT Block Grant, the Perinatal Set Aside (45 CFR 96.124), and the Perinatal State General Fund (HSC 11757.59) are met.
- b. Effective July 1, 1995, only pregnant and postpartum women are eligible for Perinatal DMC benefits.<sup>5</sup> For program requirements and reimbursable services specific to Perinatal DMC, see CCR, Title 22, Division 3, Health Care Services.

### **3. Public Notice and Outreach (45 CFR 96.131)**

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<sup>5</sup>The postpartum period is defined as a 60-day period beginning on the last day of pregnancy. Perinatal DMC eligibility ends on the last day of the calendar month in which the 60th day occurs. Perinatal DMC certified providers may either transfer non-pregnant, non-postpartum women to treatment slots paid for with other perinatal funds or refer the women to non-Perinatal DMC treatment programs if they are eligible.

Counties must publicize that pregnant women are given preference in admission to recovery and treatment programs and encourage women in need of treatment services to access them. Public notice may include street outreach, printed materials, multimedia messages (including public service announcements), interagency collaboration, and/or networking. Additional information about outreach services is provided in Part II, Section B.

#### 4. Program Monitoring (HSC 11983.2(b)(5))

Counties are responsible for contracting with providers, ensuring that all perinatal programs meet their contractual requirements, and ensuring that quality perinatal services are provided. Monitoring plans may include, but are not limited to, the following:

- site visits to the program;
- provider monthly, quarterly, and/or year end progress reports;
- regular telephone contacts with the providers; and
- program participant satisfaction surveys.

**Staff from ADPs Program Operations Division, Quality Assurance Division, and Audit Services Branch may conduct site visits to ensure compliance with the specific regulations monitored by each division.**

#### 5. Program Start-Up Costs

Fifteen percent of a programs first year total budget can be used for start-up costs. These costs can only be incurred 90 days before the first participant is admitted for recovery and treatment. Start-up costs incurred more than three months before the first participant is served must be capitalized as deferred charges and amortized over a number of benefiting periods. Refer to DDP Letter #89-27 dated April 17, 1989 for additional information on start-up (Attachment III).

## II. PERINATAL TREATMENT MODALITIES AND SERVICES

### Outpatient Drug Free (ODF) Treatment

This modality provides alcohol and other drug (AOD) treatment services, with or without medication, in a non-residential setting. There is no minimum number of treatment hours prescribed. No licensing is required, but a program providing ODF services must be certified by ADPs Licensing and Certification Branch to be reimbursed with DMC funds for services provided to Medi-Cal eligible clients.

### Daycare Rehabilitative (DCR) Treatment

This modality provides AOD treatment services in a non-residential setting to each client for two or more hours, but less than 24 hours per day, for three or more days per week. No licensing is required, but a program providing DCR services must be certified by ADPs Licensing and Certification Branch to be reimbursed with DMC funds for services provided to Medi-Cal eligible clients. DMC reimbursement for DCR services is only available for pregnant or postpartum women in a perinatal DCH program.

### Narcotic Treatment Program (NTP)

This modality combines AOD treatment services with one of the following approved narcotic replacement drugs:

- *Methadone* treatment provides AOD treatment services in a non-residential facility along with methadone as prescribed by a physician to alleviate the symptoms of withdrawal from opiates (maintenance) or in decreasing amounts in a planned withdrawal from opiate dependence (detoxification).
- *LAAM* (levoalphacetylmethadol) treatment provides AOD treatment services in a non-residential facility, along with LAAM as prescribed by a physician to alleviate the symptoms of withdrawal from opiates.

All narcotic treatment programs must be licensed by ADPs Narcotic Treatment Program Licensing Branch and comply with the requirements set forth in CCR, Title 9, Chapter 4, commencing with Section 10000.

### Outpatient Detoxification Treatment (Other than Narcotic Treatment Detoxification)

This modality provides AOD treatment services, with or without medication, for safe withdrawal from alcohol or drugs in a non-residential, ambulatory setting for less than 24 hours per day.

### Residential Treatment (Detoxification or Recovery)

This modality provides AOD treatment services in a residential, nonacute care setting. Residential programs that provide AOD detoxification, educational counseling, individual or group counseling, or treatment/recovery planning must be licensed by ADPs Licensing and Certification Branch and comply with requirements set forth in CCR, Title 9, Chapter 5, commencing with Section 10500. Residential perinatal programs must also be certified by ADPs Licensing and Certification Branch to be reimbursed with DMC funds for services provided to Medi-Cal eligible clients. DMC reimbursement for residential treatment is only available for pregnant and postpartum women in perinatal residential treatment programs.



### Transitional Living Center (TLC)<sup>6</sup>

A facility designed to help women maintain an alcohol and drug-free lifestyle and transition back into the community. TLC activities are supervised (although not necessarily 24 hours per day) within an alcohol and drug-free environment. Attendance at recovery and treatment services is mandatory, although those services need not be on-site. TLCs are not required to provide the perinatal services described in Part I of these guidelines since the provision of those services is the responsibility of the perinatal treatment program the resident attends. TLCs do not require ADP licensure if they do not provide any of the following services on-site: AOD detoxification, educational sessions, individual or group counseling, or treatment/recovery planning.

### Alcohol and Drug-Free Housing (ADFH)<sup>7</sup>

A facility designed to help recovering women maintain an alcohol and drug-free lifestyle. Residents are free to organize and participate in self-help meetings or any other activity that helps maintain sobriety. The house or its residents do not and cannot provide any treatment, recovery, or detoxification services; do not have treatment or recovery plans or maintain case files; and do not have a structured, scheduled program of AOD education, group or individual counseling, or recovery support sessions.

### Outreach

An element of service that identifies eligible pregnant and parenting women in need of treatment services and encourages them to take advantage of these services. Outreach may include engagement of prospective program participants by informing them of available treatment services, and can serve by reinforcing prevention and education messages prior to enrollment in treatment. Outreach also may be used to educate the professional community on perinatal services so that they become referral sources for potential clients. Additional information on outreach is provided in Part I, Section J(3).

### Interim Services

These are services provided to pregnant women or injection drug using women seeking

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<sup>6</sup>State General Funds can be used for TLCs provided that the residence has paid staff or approved volunteer staff, residents are required to attend a perinatal recovery and treatment program, and the TLC documents each participant=s attendance at the recovery and treatment program. Federal funds **cannot** be used to fund TLCs. Providers should contact ADP=s Licensing and Certification Branch to determine if licensure is required.

<sup>7</sup>Only the start-up phase of ADFH can be funded with State General Funds. Start-up costs are limited to the following one-time expenditures that prepare the residence for occupancy: first and last months= deposit to secure a property; security and utilities deposits; and furniture that meets basic needs. Federal funds **cannot** be used to start or fund ADFH on an ongoing basis.

substance abuse treatment who cannot be admitted to a program due to capacity limitations. Additional information on interim services is provided in Part I, Section (C)(4).

#### Case Management

A participant-centered, goal-oriented process for assessing the needs of an individual for particular services; assisting the participant in obtaining those services; and reviewing participant accomplishments, outcomes, and barriers to completing recovery goals. Case management may be either an element of a recovery and treatment modality or a free-standing service. This service is a required component of a perinatal program, as specified in Part I, Section E.

#### Aftercare

Aftercare provides structured services in an outpatient setting to individuals who have completed treatment to support the gradual transition of the individual back into the community, prevent relapse, and ensure successful recovery. Aftercare may be either an element of a recovery and treatment modality or a free-standing service.

## TREATMENT SERVICES INFORMATION FOR PREGNANT WOMEN

As a pregnant woman seeking substance abuse treatment and recovery services, you have admission priority for all treatment and recovery programs funded with Federal resources. If we cannot provide treatment because of insufficient capacity, we will refer you to another program or to interim services (within 48 hours) until treatment and recovery services become available.

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\_\_\_\_\_ was referred to \_\_\_\_\_  
 (client name and ID #) (name of program)

on \_\_\_\_\_ by \_\_\_\_\_  
 (date) (name of program and person making referral)

On \_\_\_\_\_, \_\_\_\_\_  
 (date) (client name and ID #)

was referred by \_\_\_\_\_  
 (name of program and person making referral)

to the interim services checked below.

## MANDATORY INTERIM SERVICES

\_\_\_\_\_ HIV and TB education and counseling \_\_\_\_\_  
 (name of program)

\_\_\_\_\_ referral for HIV and TB testing \_\_\_\_\_  
 (name of program)

\_\_\_\_\_ referral for prenatal care \_\_\_\_\_  
 (name of program)

\_\_\_\_\_ counseling on the effects of alcohol and drug use on the fetus

## RECOMMENDED INTERIM SERVICES REFERRALS

\_\_\_\_\_ self-help programs \_\_\_\_\_  
 (name of program)

\_\_\_\_\_ pretreatment support group \_\_\_\_\_  
 (name of program)

\_\_\_\_\_ housing \_\_\_\_\_  
 (name of program)

\_\_\_\_\_ food \_\_\_\_\_  
 (name of program)

RECOMMENDED INTERIM SERVICES REFERRALS (con't)

_____ legal aid _____	_____
	(name of program)
_____ case management _____	_____
	(name of program)
_____ children' services _____	_____
	(name of program)
_____ medical services _____	_____
	(name of program)
_____ AFDC/Medi-Cal _____	_____
	(name of program)

OTHER INTERIM SERVICES REFERRALS

_____ (service type) _____	_____ (name of program) _____
_____ (service type) _____	_____ (name of program) _____
_____ (service type) _____	_____ (name of program) _____
_____ (service type) _____	_____ (name of program) _____
_____ (service type) _____	_____ (name of program) _____

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On \_\_\_\_\_, \_\_\_\_\_ was  
(date) (client name and ID #)

dropped from interim services for the following reasons:

\_\_\_\_\_ no longer wants recovery and treatment services,  
\_\_\_\_\_ program unable to contact client,  
\_\_\_\_\_ other \_\_\_\_\_.  
(state reason)

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

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April 17, 1989

TO: COUNTY DRUG PROGRAM ADMINISTRATORS DDP #89-27  
COUNTY ALCOHOL PROGRAM ADMINISTRATORS

Subject: REIMBURSEMENT OF EXPENSES INCURRED PRIOR TO  
COMMENCEMENT OF SERVICES

This letter is to inform you of the Department's policy regarding allowable expenditures for the initial development of alcohol and/or drug services. Several counties have encountered difficulty in locating and licensing suitable facilities for alcohol recovery and drug treatment programs and have asked for a detailed explanation of Department policies regarding allowability of costs incurred prior to the point when services actually are provided in new facilities.

In the period of developing a provider's ability to furnish services, certain costs are incurred. Provider costs incurred during this time of preparation generally are referred to as start-up costs. Since these costs are related to services rendered after the time of preparation, they must be capitalized as deferred charges and amortized over a number of benefiting periods. Provider start-up costs include, for example, administrative and staff salaries, heat, gas and electricity, taxes, insurance, mortgage and other interest, employee training costs, repairs and maintenance, housekeeping and any other allowable costs incident to the start-up period. (Allowable organization costs, such as legal fees incurred in establishing the organization, or capitalizable construction costs must be classified as such and are excluded from start-up costs.)

Start-up costs that are incurred no more than 90 days before a provider furnishes service to the first client and that are determined by the Department to be immaterial need not be capitalized, but rather, may be charged to operation in the period incurred. As a general rule, the Department will consider start-up costs that do not exceed 15 percent of the provider's yearly reimbursable costs of operation to be immaterial.

A county may advance such start-up costs to providers subject to the following conditions:

1. The county determines that an advance payment is essential for the effective implementation of the program.
2. Advances are made pursuant to a written contract with the provider which specifies those start-up activities to be reimbursed, requires commencement of program operations within 90 days, and otherwise meets applicable contract requirements. See, for example, Title 9, California Code of Regulations Section 9426.

In addition to advancing or reimbursing provider start-up costs, certain county administrative costs related to the initial development of new alcohol or drug programs are reimbursable. These costs include identifiable salaries, including associated fringe benefits, and consultants performing administrative activities within the county drug or alcohol program administrator's office. This may include personnel performing provider services as long as this does not constitute more than 20 percent of the county drug or alcohol administrative costs. See Drug Program Fiscal System Manual, Drug Administration Services, Direct County Drug Administrative Costs, pages 3-4. To facilitate the development of alcohol program services, the Alcohol Division will adhere to the Drug Program Fiscal System Manual provisions referenced above until such time as the Alcohol Services Reporting System

With regard to drug program services, the lump sum basis of reimbursement for remodeling may be allowed under the following two conditions:

1. The county and the provider may agree to become co-lessees of a facility. Under such an agreement, the county would be authorized to continue as lessee in the event of a default by the provider. Reimbursement may then be made pursuant to Health and Safety drug program legislation.
2. The county may lease a facility and improve it using funds provided pursuant to Health and Safety drug program legislation, then sublease it to a provider. See Drug Program Fiscal System Manual, Improvement—D/P Funded, page 30.

Similarly, the lump sum basis of reimbursement for equipment may be allowed under the following two conditions:

1. The county may buy equipment and assign its use to the contract provider while still maintaining ownership and title.
2. The contract provider may purchase equipment on behalf of the county while ensuring that title to the equipment is vested with the county. The contract between the county and the provider should specifically state this provision and include an attachment listing all equipment purchases. See Drug Program Fiscal System Manual, Equipment—D/P Funded, page 29. The Department is revising

Budget Form 5100F, Drug Program Budget Equipment and Remodeling Costs, to eliminate the provisions which provide that only county-operated programs are eligible for equipment and remodeling expenditures.

With respect to alcohol program services, Title 9, California Code of Regulations Section 9440 provides:

- (a) Equipment expenditures shall be restricted to county-operated programs. The county may lend county-owned equipment to privately operated agencies.
- (b) A request for equipment purchase shall be submitted as an attachment to the plan on Department-designated forms. Authority to expend funds for equipment purchase shall depend upon approval of the total plan.

The above referenced Drug Program Fiscal System Manual provisions regarding lump sum reimbursement for equipment are consistent with Section 9440. Accordingly, the Alcohol Division will adhere to such provisions. Title 9 California Code of Regulations Section 9442, however, provides that only county-operated programs, subject to department approval, may utilize state funds for remodeling existing structures. Until such time as Section 9442 can be revised, the lump sum basis of reimbursement for remodeling of alcohol facilities is limited to county-operated programs.

If you have any questions, please call the analyst assigned to your county.

Original Signed by:

JOHN H. WILSON  
Deputy Director  
Drug Programs

Original signed by:

SUSAN B. BLACKSHER, MSW  
Deputy Director  
Alcohol Programs

Enclosures